



STATE OF TENNESSEE
Department of Commerce and Insurance
Professional Soil Scientists Licensing Program
500 James Robertson Parkway
Nashville, TN 37243
615-741-3611
Fax: 615-253-1692

FOR BOARD USE ONLY

Date Received: _____

License Number: _____

Transaction Number: _____

APPLICATION FOR LICENSURE AS A PROFESSIONAL SOIL SCIENTIST

Instructions for completing applications

1. Applicant for licensure shall fill out each application blank completely.
2. Check or money order in the amount of \$500.00 (\$100.00 non-refundable application fee and \$400.00 initial license fee) made payable to the Tennessee Department of Commerce and Insurance, must accompany the application.
3. The application must be typewritten or legibly printed and all questions must be answered and submitted to the board office. You may obtain and complete the application and associated forms from our website at www.tn.gov/commerce/boards/soil
4. Applicant should read thoroughly and understand TCA 62-18-201 through TCA 62-18-219, – Soil Scientists Licensure Act of 2009 before filing an application with this board.

Enclosed herewith is the application fee, in the amount of \$500.00, payable to the Tennessee Department of Commerce and Insurance. If this applicant is approved for licensure in Tennessee, he/she shall be required to pay an additional fee for the written and field exam as required by TCA 62-18-208(3) before a license is issued.

1. Full name (as you wish it to appear on your license):

First Name Middle Last Suffix

2. Please check box to indicate preferred mailing address:

☐ Residence Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ () _____ Fax: _____ () _____

E-Mail Address: _____

☐ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ () _____ Fax: _____ () _____

E-Mail Address: _____

3. Date of Birth: _____ / _____ / _____ Social Security # _____
4. Citizen of (State or Foreign Country): _____ 5. State of Residence: _____
6. Are you licensed/registered/certified as a Professional Soil Scientist elsewhere? _____ NO _____ YES
If YES, show the following:

NAME OF STATE OR COUNTRY	REGISTRATION DATE	CERTIFICATE/LICENSE NUMBER	EXPIRATION DATE

7. Have you ever been refused a license or had revocation or other disciplinary proceedings filed against you?
_____ NO _____ YES If YES, please explain: _____

8. Have you ever been convicted of a felony? _____ NO _____ YES If YES, please explain: _____

9. Have you ever been judged mentally incompetent by a court of competent jurisdiction? _____ NO _____ YES
If yes, please explain: _____

10. Education – Give names and locations of college(s) or university. **CERTIFIED COPIES OF TRANSCRIPT(S) REQUIRED.**

NAME OF INSTITUTION	MAJOR FIELD OF STUDY	YEARS COMPLETED	CREDIT/QUARTER HOURS COMPLETED	TYPE OF DEGREE	YEAR GRADUATED

11. Experience:

DATES OF EMPLOYMENT	DESCRIPTION OF DUTIES/RESPONSIBILITIES	IDENTIFY YEARS/MONTHS AS SUBORDINATE	IDENTIFY YEARS/MONTHS IN RESPONSIBLE CHARGE	NAME & MAILING ADDRESS OF DIRECT SUPERVISOR

TOTAL WORK TIME: _____ Years _____ Months

INFORMATION FOR APPLICANT

It is unlawful for any person to practice soil science in this state unless such person is licensed under the provisions of TCA 62-18-201, et seq. A certificate of licensure is not transferable.

Carefully read all information released by the Tennessee Department of Commerce and Insurance pertaining to registration and determine your ability to qualify for licensure in this state.

PLEDGE

I hereby certify that all information disclosed in this form is true, correct and complete to the best of my knowledge; I familiarized myself with the provisions of the Tennessee code of laws, TCA 62-18-201 through TCA 62-18-219, effective July 1, 2011, to regulate the practice of soil science, and do hereby subscribe to and agree to abide by the provisions therein and related rules and regulations promulgated by the Tennessee Department of Commerce and Insurance.

Signature of Applicant: _____ Date _____

AFFIDAVIT

(To be made before a Notary Public)

STATE OF _____

COUNTY OF _____

On the _____ day of _____, _____, before me personally appeared,
(Month) (Year)

_____, known to me to be the person herein described, and signed the
(Name of Applicant)
foregoing application form, and on oath swears (or affirms) that all the statements herein made are true to the best of his/her belief and knowledge.

Signature of Applicant
(to be signed in the presence of Notary Public)

Subscribed and sworn to before me, on this _____ day of _____, _____.

(Signature of Notary)

Notary Seal

My commission expires: _____